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Faculty Advisor's Column

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Faculty Advisor's Column

It is with great pleasure that with this issue of *The Jefferson Journal of Psychiatry—A Resident Publication* we are expanding into a national journal for psychiatric residents. As part of that effort, we welcome the American Psychiatric Association Committee of Residents as our national editorial board. Our circulation will include all psychiatry residents, residency directors, and department chairmen nationwide. We look forward to continuing our three year tradition of presenting scholarly, thought provoking and creative ideas from psychiatric residents around the country. Our commitment to the two pillars of clinical and theoretical thinking—psychoanalytic and psychobiologic psychiatry—will continue to be reflected in the pages of this forum. We look forward to wide participation.

The learning of analytic psychotherapy remains the most difficult and challenging task for the psychiatric resident. Stepping out of the secure frame of the medical model permits a constructive engagement of one's otherwise constrained creativity, given the guidance of proper therapeutic technique and the condition that countertransference temptations remain in the observing sphere. For the new resident, the commonly observed initial inclinations *to act*, supported as they are by years of medical training, are often able to mature into a more subtle appreciation of patients' underlying needs to be understood. Ideally, bilateral patient-resident gratifications from activity are supplanted by the latter's growing understanding of the latent conflicts that motivate patients' manifest symptomatology as well as one's own 'helping' reaction formations.

Both introductory psychotherapy texts reviewed in this issue's Book Review section study the nature of the unconscious conflicts from which patients' suffering arises. It is this step over the repression barrier, that peculiar line that bewilders and occasionally embarrasses the young therapist, that defines a qualitatively new type of data that is to become for the resident the subject of intensive study.

This illogical level of abstraction similarly requires its own unique instrument for information gathering. The use of one's own unconscious, under the careful guidance of cognitive hypothesis checking, to learn about the latent fantasies of one's patient is a powerful tool enabling delicate therapeutic interventions. Personal therapy or analysis is felt by most to be a helpful, if not essential, experience to familiarize the clinician with the character of this real/not real illusory therapeutic space.

In Werman's recent book, *The Practice of Supportive Psychotherapy*, the everyday task of the psychiatric resident is given new meaning as what was once dismissed as merely derivative is now defined as complex, worthwhile and with techniques all its own. Werman demonstrates how the diagnosis of an ego defect

is not arrived at simply by exclusion, requires a thorough knowledge of developmental theory, and perhaps most fundamentally demands a different form of analytic space for its treatment.

Feeling one's way along the supportive-insight continuum, ideally freed from one's own need to define patients one way or another, involves the ability to provide different strengths of therapeutic vacuum for the evocation of patients' unconscious fantasies. With analysis on the one hand and the medication clinic on the other, most psychotherapies entail a variable presentation of real vs. illusory self. Understanding for which patients and what times their pleas for guidance and factual information should best be met by interpretation as opposed to titrated gratification is a lifelong task that begins on day one of residency training.

It is the discovery of this illusory therapeutic space—the arena within which transference flourishes—that differentiates the psychiatric resident from his/her medical colleagues. Becoming intimately acquainted with its intrapsychic and interpersonal dimensions allows the resident to create this unique space with his/her patients and through it help them discover their forgotten past and disavowed present. It forms the substrate of the unique relationship that is designed to be therapeutic and for many will be an endless source of personal and professional fascination.

The courage to confront the hidden dimensions of man's psychic life, first in himself and then with his patients, is the hallmark of Freud's enduring legacy. Relatively undaunted by personal resistances or social ostracism, his ceaseless quest for the truth about human nature yielded findings of such magnitude that man's view of himself has been inexorably transformed. More than just a personal search for meaning, Freud's evolving discoveries came to include as well a reproducible method for the study of the newly described unconscious processes. As Emanuel Garcia reports in his paper, "Psychoanalysis: Science or Fiction?" the technique of psychoanalysis is one that is teachable, generates its own data, confirms or invalidates hypotheses and has enormous explanatory power. Accordingly he feels it meets the essential criteria for being a science. Notable in his exposition is the awareness that while scientific in its basis, the mysteries unraveled by the analytic method include both the apparently mundane as well as the great artistic and creative passions of mankind and as such is itself graced by poetic vision.

One's appreciation of the timelessness of the unconscious is most challenged in one's evaluation of the elderly patient for exploratory psychotherapy. The infantile origins of the presenting neurotic conflict may be disguised under the multiple real life dilemmas of the older patient only to be revealed in transference reactions that manifest the characteristic irrationality one expects from unconscious fantasy. Mark Miller, in his paper, "Using Psychoanalytically Oriented Psychotherapy with the Elderly," presents an older patient whose genetically derived conflicts over her magically endowed aggressive wishes

determined not only her presenting depressive symptomatology, but contributed as well to lifelong characterological rigidity. Miller demonstrates the utility, if not the necessity, of a carefully graduated interpretive approach that can resolve acute dysfunction as well as make possible a greater variety of life appreciating attitudes.

The interdependency of psyche and soma has long been a matter of medical folklore. Intuitive impressions of seasoned general practitioners and hallway chats among experienced oncologists frequently suggest some vague unspecified role for characterologic predisposing factors in a multitude of physical ills. Increased post bereavement occurrences of illness and disability have long been documented and mark the early transition from mythology to scientific study. Recently, the revolution in psychoendocrine research is beginning to reveal the underlying pathophysiology of what has come to be called "stress." As Bernard Edelstein discusses in his paper, "The Stress Factor: Exploring the Possibility of a Psychological Component to Cancer," the physiologic mechanisms by which a newly widowed patient may become susceptible to oncogenesis is suggested by current research on stress-induced alterations in lymphocyte activity, cortisol levels, and antibody synthesis. Emphasizing the fundamental importance of how patients perceive and respond to stressors, the studies discussed document that loss, conflict over aggression, and depressive helplessness may be valuable prognostic indicators in patients with malignancies. As Edelstein implies, the role of the psychiatrist in the evaluation and treatment of the seriously ill patient will undoubtedly grow as one's unique blend of medical/psychological skills will be shown to most accurately complement the psycho-physiologic pathology of these patients.

Each new medication that is discovered to have therapeutic psychotropic effects not only brings symptomatic relief to otherwise intractably ill patients, but even more importantly, furnishes valuable data on the chemistry of psychic functioning. Carbamazepine, perhaps through its structural similarity to chlorpromazine and imipramine, has been demonstrated to be effective in ameliorating aggressive outbursts related to bipolar disease as well as providing relief from the more usual, but no less devastating, manifestations of this illness. Lauren Pate, in "Carbamazepine in Treatment of the Violent Psychotic Patient," details the indications, hypothesized mechanisms of action, metabolism, dosages, and side effects of this well known anticonvulsant. Of particular note is the suggestion that carbamazepine works by inhibiting subcortical seizures that lead to behavioral pathology, but which do not produce EEG abnormalities.

The increasing ability of neurophysiologists to identify the biochemical substrates of psychological functioning holds great promise for future research and therapeutics. These advances in knowledge continuously confront the clinician with the primitiveness of organic treatments of only a few years ago. A study of the classic characters from fiction, on the other hand, allows a comfortable arm chair perspective on the evolving insights into neuropsychiat-

ric dysfunction. Alan Cohen has studied *Othello* and writes in "The Neuropsychiatric Syndrome of a Psychomotor Seizure Disorder—Shakespeare's *Othello*, *The Moor of Venice*" on the role of this personality deforming seizure disorder in the elaboration of the protagonist's character and in the plot development of the play. A new shading to Shakespeare's talent is revealed as he masterfully weaves his medical knowledge, perhaps gleaned from his physician son-in-law, into a timeless drama that captures and reflects the ubiquitous fantasies of his audience.

The strictly phenomenologic DSM-III approach to diagnoses has dramatically divided the medical and dynamic communities in psychiatry. While the former applaud the greater interrater reliability and specificity, the latter mourn the lost recognition of individual meaning and motivation. Overlooked, perhaps, is the issue of pertinent level of abstraction. For predicting pharmacologic response and genetic susceptibility, highly refined research diagnoses are invaluable. On the other hand, for formulating a dynamic diagnosis and determining appropriate therapeutic technique, what is required is an evaluation of anxiety tolerance, capacity for symbolization, and the proportion of triangular conflict. Henry Doenlen, in his paper, "Decision Trees for Use in Childhood Mental Disorders," walks the reader through a step-by-step approach to a descriptive evaluation of childhood psychopathology. Through the use of these increasingly refined diagnostic instruments, the clinician will be on firmer ground in recognizing these consensually validated constellations that reflect the myriad of children's unconscious fantasies and conflicts.

The case report by James H. Dallman, "Diagnosis in the Neuroleptic Malignant Syndrome," reviews this syndrome and presents case material that demonstrates its severity, its association with low doses of neuroleptics, the variety of its presentations, and the course of recovery. The suspected pathogenesis and new pharmacologic treatments of this underrecognized and potentially lethal disorder are discussed. Ulhas Mayekar in, "Folie à Deux—A Case Report," presents the rare finding of a "shared paranoid disorder" between a psychotic daughter and her invalid mother. The shared delusion centers on the father, whose death was denied, and whose body remained in the parental bed. As described, treatment entails separation of the 'healthy' partner from the one more grossly ill.

In the Creative Writing section, David Mitchell in "Canoe Trip" takes the reader along on a fictionalized medical student rotation. Using the surgical scenario as a stage upon which to demonstrate the familiar components of a trainee's developmental rite of passage, Mitchell traces the maturation of a naive onlooker who initially is afraid to see, into a more active participant who remains an observer but nevertheless is beginning to be empowered by and identify with the skills of his elders.

The breadth, thoughtfulness, and creativity demonstrated by residents in this issue's articles reveals the academic enthusiasm and sophistication of our

trainees. We look forward to providing an arena where the richness and depth of our residents' thinking—and of the field itself—will continue to flourish.

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